	T APPLICAT	TON FEE	DETERM tober 1, 20	TANII EO	ion REC	ORI)··· ·	/	0;	81	14,0	d'interes	7 -
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE			01	OTH	ER THAN	
TOTAL CLAIMS		41	46				RAT	ΕT	FEE		RATE		
F08		- NUMB	. NUMBER FILED		NUMBER EXTRA		BASIC I	EE	385.0		BASIC FI	_	7
TOTAL CHARGEABLE CLAIMS		46	H minus 20a		. 26		2S.9	1		丁	1		+
INDEPENDENT CLAIMS		14	4 minus 3 =		/		X43=	-		-JOF	—	H68	
MULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT		- (1)	1-1	747	-		OF	X86=	1.86	4
If the differen	ce in column_1_i	s less than	.2610_enter	'O' in c	nlumo 3	' [+145	•		OR	+290=		
11-01	CLAIMS AS				OUNH E		TOTA	c. F.		ÖĀ	TOTAL	132	4
124.15	(Column 1)		Cotum:		(Column 3		SMAL	L EN	ITITY	OR		R THAN ENTITY	1
	CLAIMS REMAINING	·	HIGHE	ST	PRESENT	Ìſ	•	1	VDDI-	7		- ADDI-	1
	AFTER AMENDMENT		PREVIOL -PAID FO		EXTRA	H	RATE		ONAI FEE		RATE	TIONAL	4
Total Independent	43	Minus	-4	0	- /	1 [X\$ 9≖			OR	X\$18=		1
. Independent		Minus	- 14		-/]	X43=				X86=	1	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								Ť		OR	·	 	1
							+145=	_		OR	+290=	<u> </u>	ł
2/1/06	(Column 1)		(Columin	. 21	(Column 3)	A	DIT. FE			OR	ADDIT. FEE		-
1. (- CLAIMS REMAINING		HIGHES NUMBE	1	PRESENT	1		TA	DDI-	1 1		ADDI-	┨
	AFTER AMENDMENT		PREVIOUS PAID FO	SLY	EXTRA		RATE	TIC	ONAL		RATE	TIONAL	
-Total ·	. 50	Minus · ·	- 50		. 0		X\$ 9=	广		اخذ	X\$18=	FEE	1
Independent	. 4	Minius	- 4		• ()	. -	X43= ·	 		ÓŘ		<u> </u>	ł
FIRST PRES	ENTATION OF MR	JUTIPLE DE	PENDENT.CI	LAIM :	🗓 🗆	- -	743= ·	├	<u>· · · </u>	OR	X86=	0	
·		·· ·- ·· ·	_	•	• .	Ľ	145=	Ŀ		OR	+290=		L
			• •••			AD	TOTAL DIT. FEE	<u> </u>		OR ,	TOTAL DDIT. FEE	.0)	Į.,
Nº ·	(Column 1)	·	(Cotumn		Column 3)		<u> </u>			•	·		
	REMAINING AFTER AMENDMENT		PREVIOUS PAID FOR	LY	PRESENT EXTRA	F	ME	AD TO	NAL		RATE	ADDI- TIONAL	ŀ
Total	•	Minus	••	-		1	\$9=		-		X\$18=	FEE	ĺ
Independent		Minus ·	***			-	43=			ÓR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X86=	<u>·</u>	
I the entry in column 1 is less than the entry in column 2, write "O" in column 3.							45=			OR	+290≖		
WIS PRETISE PURIOUS PREMICULAR PAIN FOR IN THIS COAPE IN last than the Coape of the							TOTAL T. FEE	• •		OR	TOTAL		ĺ

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